

**INDIANA DATA BREACH NOTIFICATION FORM**

OAG Form 1079 (R1 / 09-14)

Identity Theft Unit

OFFICE OF ATTORNEY GENERAL
Consumer Protection Division
Government Center South, 5th floor
302 W. Washington Street
Indianapolis, IN 46204
(317) 233-4393 – Fax

Name and Address of Entity or Person that owns or licenses the data subject to the breach

Name

Chern Law, LLC

Street Address

79 W. Monroe Street, 5th Floor

City

Chicago

State

IL

Zip Code

60603

Submitted by

James Giszczak

Title

Member

Dated

03/04/19

Firm Name and Address (If different than entity)

McDonald Hopkins, PLC, 39533 Woodward Ave., Ste. 318, Bloomfield Hills, MI 48304

Telephone

248-220-1354

Email

jgiszczak@mcdonaldhopkins.com

Relationship to Entity whose information was compromised

Outside counsel

Type of Organization (please select one)☐ State of Indiana Government Agency☐ Health Care☐ Not-For-Profit☐ Other Government Entity☐ Financial Services☐ Other – please specify☐ Educational☒ Other Commercial**Number of Persons Affected**

Total (Indiana Included)

13003

Indiana Residents Only

543

Dates

Date Breach Occurred (include start/end dates if known)

7/27/18

7/30/18

Date Breach Discovered

12/27/18

Date Consumers Notified

1/25/19

Reason for delay, if any, in sending notification

N/A

Description of Breach (select all that apply)☐ Inadvertent disclosure☒ External system breach (e.g. hacking)☐ Insider wrong-doing☐ Other☐ Loss or theft of device or media (e.g. computer, laptop, external hard drive, thumb drive, CD, tape)**Information Acquired (select all that apply)**☒ Social Security Number☒ Name in combination with (select all that apply)☐ Driver's License Number☐ State Identification Number☐ Credit Card or Financial Account Information☒ Debit Card Number (in combination with security code, access code, password or PIN for account)**List dates of previous breach notifications (within last 12 months)**

Manner of Notification to Affected Persons**Attach a copy of a sample notification letter**

- ☒ Written
☐ Electronic (email)
☐ Telephone

Identity Theft Protection Service Offered

- | | | |
|---|----------|----------|
| <input checked="" type="checkbox"/> Yes | Duration | 1 year |
| <input type="checkbox"/> No | Provider | Experian |

Brief Description of Service:

Credit monitoring and identity theft protection services

Since this breach, we have taken the following steps to ensure it does not reoccur (attach additional pages if necessary)

Please see the enclosure letter for a description of steps taken to ensure this incident does not occur again.

Any other information that may be relevant to the Office of Attorney General in reviewing this incident (attach additional pages if necessary)**SUBMIT**